

DCYF Contracted Programs

2019 Novel Coronavirus (COVID-19) Interim Guidance

March 17, 2020

Intended Audience: *Organizations that provide contracted services for the Rhode Island Department of Children, Youth & Families (DCYF); including community-based services and supports, as well as those operating congregate care programs, both group homes and residential treatment programs funded, operated, licensed, and regulated by DCYF.*

This interim guidance is based on what is currently known about the transmission and severity of Coronavirus Disease 2019 (COVID-19). The Rhode Island Department of Health is working closely with the federal Centers for Disease Control and Prevention (CDC) to provide updated information about the novel coronavirus outbreak.

This guidance will be updated as needed and as additional information is available.

Given COVID-19 (Coronavirus), DCYF Contracted Providers have expressed concerns about contract provisions and licensing requirements. There have been requests by providers to both “relax” contract requirements and licensing regulations. The sections below provide guidance to providers.

Each organization faces specific challenges associated with implementation based on who you serve, your physical space, staffing, etc., and will need to tailor these guidelines accordingly.

DCYF is committed to work with providers to implement this guidance in a way that works for each program and ensures the safety and well-being of our children, youth and families.

Background

What is Coronavirus Disease 2019 (COVID-19) and how does it spread?

- COVID-19 is a respiratory virus. Current symptoms have included mild to severe respiratory illness with fever cough, and difficulty breathing.
- According to CDC the virus is spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet).
- Spread is from respiratory droplets produced when an infected person coughs or sneezes.

Who should be most cautious?

- Those considered “high risk” include people over the age of 60, anyone with underlying health conditions or a weakened immune system, and pregnant women.

What should a program do to mitigate the risk of spreading COVID-19?

Screen all staff, visitors, vendors, and clients

Each provider should seriously think about which staff/visitors/vendors need to be on-site and those that can work remotely and/or temporarily suspend their on-site work. Individuals with any of the conditions below **should be restricted** from entering the program site:

- Sick with fever, cough, shortness of breath or sneezing
- Recent international travel (i.e., within the past 14 days)
- Close contact with a person diagnosed with COVID-19 in the past 14 days

Please see a sample screening document below.

Other precautions

- If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, the individual **should put on a mask and move to an isolated area of your program**. Notify leadership immediately.
- Keep a **daily log** of names and contact information for employees, clients, visitors, and vendors.
- Congregate care programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, attorneys, pharmacy delivery organizations, itinerant provider staff, cleaning agencies, etc.) to **review and approve their protocols** for identifying and preventing the spread of respiratory diseases, including COVID-19.

Follow precautionary steps to keep clients and staff healthy

The precautions that programs have in place to prevent the spread of germs can help protect against COVID-19. Programs especially should increase the frequency of their regular cleaning and disinfection program, including:

- Use [EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 \(the Cause of COVID-19\)](#) to frequently clean high-touch surfaces including elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars. Clean all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks, and vehicle interiors) with a disinfectant on the EPA list. Use alcohol wipes to clean keyboards, touchscreens, tablets and phones.
- Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- For congregate care providers, when a program resident is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next resident.

Clients, staff, and volunteers should be reminded to:

- Wash hands often with soap and water for at least 20 seconds. Wash hands before eating, after going to the bathroom, coughing, or sneezing. If unable to wash, use alcohol-based hand sanitizers.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home when you feel sick.

What should a provider do if it suspects a case of COVID-19?

Directives for Youth Exhibiting Symptoms

For providers who manage residential or congregate care services – if a youth in your care is presenting with any symptoms please:

- The youth **should put asked to put on a mask and staff should move them to an isolated area of the building.**
- Call the youth's Primary Care Physician and describe the youth's symptoms. Follow the directions given by the Physician.
- E-mail and call the youth's Caseworker AND their Supervisor, with details of the youth's symptoms and the Physician's recommendations. If you need to reach DCYF outside of normal business hours, please call our hotline at 1-800-RI-CHILD.
- Provide a daily update on the youth's status to the Caseworker and Supervisor.
- The provider must contact the Department of Health 401-222-5577.

If a youth in your care tests positive for COVID-19 in a congregate care or substitute care setting (including foster care):

- The provider must contact the Department of Health 401-222-5577.
- RIDOH will provide guidance on isolation and quarantine.
- After you speak with RIDOH, please call the Child Abuse Hotline to report the situation so we can coordinate a quarantine/isolation plan to support you, consistent with the recommendations of RIDOH.

Directives for Staff, Vendors or Volunteers Exhibiting Respiratory Symptoms

Employees exhibiting symptoms of illness (fever, cough, difficulty breathing) should be sent home immediately and should contact their healthcare provider. Staff should not return to work until they are free of fever, signs of a fever, and any other symptoms for at least 24 hours, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).

If an employee is diagnosed with COVID-19 they cannot return to work until they have been authorized to leave their home by the Rhode Island Department of Health.

Guidance on Visitation

As a precaution and to ensure the safety of our staff and families, we are canceling all family visitation for the week of March 15-20th. This includes family visitation at the Training School, at DCYF offices, visits arranged by foster parents, and our contracted visitation and congregate care programs.

One of the cornerstones of supporting our children and youth in care is ensuring **meaningful family time**. Each provider needs to develop alternative forms of connection between youth and families, via phone calls and video conferencing.

We will assess the situation on a week-to-week basis and provide updates as available.

Guidance on Community Time

Consistent with the overall guidance issued by Governor Raimondo, DCYF is asking that community time be limited for youth in congregate care facilities. Given the population served in our congregate care programs and the range of behavioral health conditions experienced by youth, DCYF recognizes that time outside of a program site is often necessary for therapeutic purposes. All possible steps should be taken to limit interactions between youth and anyone from outside of the program. All youth should be monitored whenever they are outside of a program site, and youth should not be exposed to groups of more than 10. Additionally, activities should allow for youth to keep a 6-foot distance from other individuals to the greatest extent possible.

Guidance on Non-Essential Home Visits

The following guidance applies to all front-line staff at Home and Community-Based Service Organizations who complete home visits. It is based on the most current Centers for Disease Control and Prevention (CDC) and Rhode Department of Health (RIDOH) recommendations for prevention of the spread the novel coronavirus of 2019 disease (COVID-19).

NON-ESSENTIAL HOME VISITS:

To stop the spread of COVID19, the state is adopting the following policy:

- All non-essential home visits should be stopped, and contact should be carried out by phone or video conference instead if possible.
- Medicaid and the Office of the Health Insurance Commissioner are working together to expand options for telehealth and telephonic services.
- Medicaid will be issuing specific guidance on payments in the coming days.

A general definition is that **essential services** are those that, if they do not occur, could result in the recipient requiring a higher level of care. In other words, the level of risk to the visit recipient warrants a visit.

Please be in contact with the child or youth's DCYF team to discuss and strategize essential versus non-essential.

Guidance on Licensing

To ensure the health and safety of staff and residents **and** continuity of operations for congregate care facilities, DCYF is issuing a time limited waiver, with stipulations, from the Residential Child Care Regulations for Licensure with regards to staffing expectations. It is expected that whenever possible, the program staffs as close to compliance with the regulations as possible.

Staff Qualifications

1. **Background checks are non-negotiable.** Background checks must be completed and cleared on every child caring individual in the facility. This is to include Child Abuse and Neglect clearances and criminal checks including RI BCI and National fingerprints. Please note that if fingerprints are completed in RI a

separate RI BCI is considered duplicative. The Attorney General's office is changing its fingerprinting procedures. Please call Pat Hessler at 401-528-3575 with questions about access to fingerprinting services.

2. At all times, each facility must have one staff member on shift with First Aid/CPR certifications and at least one staff member with formal restraint training, as required by the regulations.
3. All other employees on shift must be:
 - a. First Aid/CPS trained (trained is a lesser standard than certification. Program must provide informational resources to staff who do not have certification, and staff are required to review)
 - b. Restraint INFORMED (program must provide an overview of the restraint and crisis management program used in the facility, and staff must have familiarity, even if they are not formally certified/trained in the physicality of the model)

Staffing Levels

1. The Department will consider adjusting the required ratios in accordance with the following:
 - a. A review of the current census and recent CPS history must be reviewed by the Department. These reviews must indicate that the census of current youth served would not indicate an immediate safety risk with reduced staffing, and CPS history must demonstrate that the program has provided adequate supervision and oversight of the program.
 - b. Current ratios require the following. In critical times, daytime ratios may be increased +1 youth, and overnight ratios +2 youth.

Regulatory Program Type	Daytime Ratios	Overnight Ratios
Specialized Program	1:3	1:6
Group Home	1:4	1:6
Semi-Independent Programs	1:5	1:6

Program Requirements

1. On a weekly basis, the staffing schedule for the following week needs to be submitted to the Department through your assigned Licensing Specialist, GinaMarie DeBartolo (ginamarie.debartolo@dcyf.ri.gov). This staffing schedule should note if an individual does not meet all regulatory requirements and falls within the waiver stipulations as stated below.
2. Congregate Care Programs are required to maintain a list of current staff who are employed by the program but are unavailable for the schedule.

It should also be noted that any age variance currently held by the program will remain in effect past the defined expiration date.

Access to Federal COVID-19 Funding

It is strongly advised that providers keep track of any and all expenses related to COVID-19 as there may be federal funding to cover these costs in the future. However, the State cannot guarantee these funds.

Important Resources

It is important to help children and youth understand that this is serious, while not causing them to be afraid. You may find these resources helpful:

- ❓ [Talking about Diseases in the News](#) (Bradley Hospital)
- ❓ [How to Talk to Your Kids about Coronavirus](#) (PBS)
- ❓ [How to Talk to Kids about Coronavirus](#) (NY Times)
- ❓ Talking to Children During Infectious Disease Outbreaks (attached, from SAMHSA)

The Rhode Island Department of Health's COVID-19 Hotline: 401-222-8022

Coronavirus Disease 2019 (COVID-19) Screening Form

Exposure Section:

1. Has anyone in the household been diagnosed with COVID-19.

YES | NO If "YES," details:

2. Has anyone in the household been told to quarantine yourself by a public health authority?

YES | NO If "YES," details:

3. Has anyone in the household been in close contact (less than 6 feet for a prolonged period of time) with someone who has tested positive for coronavirus disease 2019 (COVID-19)?

YES | NO If "YES," details:

Travel History:

4. Has anyone in the household traveled anywhere internationally in the last 14 days?

YES | NO If "YES," details:

Symptom History:

5. Does anyone in the household currently have:

☐ Fever (100.4) ☐ Cough ☐ Shortness of breath ☐ Body Aches